Scott

### DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Logislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (8) Support State of Candidates

(8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

# SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE: I AM FILING A 19 2008 REPORT FOR ANA (1) ELECTION /(2)NON-ELECTION YEAR. Indicate one 19 Indic

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)

#### STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	45403
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A)	23.50
Schedule F: Loans Received total (Attach Schedule F)	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
ISCREDULE H applies to Candidates' Committees Only)	
SUB-TOTAL\$	477.53
THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B)	462.88
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	
UNPAID BILLS (From Schedule D - Attach Schedule D)	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	\/ <b>5</b> 0
VALUE OF CAMPAIGN PROBERTY (For Select to the American Company)	YES NO

#### For Instructions, See Back of Form

#### CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 08/97)
COMMITTEE NAME (Must be same as on Statement of Organization)  +OWARD FOR MAYOR	CHE AME
STATE CANDIDATES NOTE: IF A CONTRIBITION IS DESCRIPTION	

SCHEDULE A	MONETARY
(Rev. 06/97)	RECEIPTS
CHE AME	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN: A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

Total   Tota	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE- (if applicable)	AMOUNT RECEIVED	V IF FO FUND- RAISER
ID#	17/07		Margaret Chowne		\$ 2350	INCOME
ID#   CK#	[0,	ID#	Vovenport, Sa. 52807			
CK#   ID#   CK#		CK#				
IDH		ID#				
CK#		CK#				
ID#		ID#				
CK#		CK#				
ID#   CK#		ID#				
CK#		CK#	•			
ID#   CK#		ID#				
CK#		CK#	1			
ID# CK#  ID# CK#  CK#  CK#  CK#  CK#		ID#				
CK#  ID#  CK#  CK#		CK#				
ID# CK#  ID# CK#		ID#				
CK# ID# CK#		CK#				
ID#		ID#				
CK#		CK#				
	1	D#				·
SUBTOTAL	C	CK#				
				SUB-TOTAL		

TOTAL (If last page of this schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinty (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

## EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE ANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE AC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B	MONETARY
(Rev. 09/97)	EXPENDITURES
CHEC	CK THIS BOX IF

	CANDIDATE	OR MAYOR	1		
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSA	CTION)	AMOUNT EXPENDED
11-2.67	NUMBER ID#	lictory Enlerguses 5206 5. W. 364 St. Ste	10000 Phon		
	ID#	Mula cont Ja, 5302	haser nau	lizz	\$261.60
2-1-67		24925 Elm Treet	Masical questet fundaments fundaments for ordina sie	160.00	201.28
	ID#		for podem sig	201.28	
	ID#				
	CK#				
1	DK#				
	D#				
C	CK#				
	O#				
IE	O#				
CI	K#				
			SU DTAL (if lest page of this s	B-TOTAL \$	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

Page

(for Schedule 8)

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